

CONSTITUTION SURGERY CENTERS, LLC
AMBULATORY SURGERY CENTER DEVELOPMENT & MANAGEMENT

January 30, 2004

Susan Cole, Supervisor
Forecasting and Utilization
Office of Health Care Access
410 Capitol Avenue, MS #13HCA
P.O. Box 340308
Hartford, CT 06134-0308

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2004 JAN 30 PM 3:14
CONNECTICUT OFFICE OF
HEALTH CARE ACCESS


*Re: Establishment of Stamford Eye Surgery Center, LLC
Single Specialty Ophthalmic Surgery Center*

Dear Ms. Cole:

I am enclosing, for the purpose of filing, an original plus three (3) copies of a Letter of Intent, Project Description and Affidavit for the referenced proposed facility. Please date-stamp the enclosed copy and return it to me in the self-addressed, stamped envelope provided.

Thank you.

Very truly yours,



Kristian Mineau
Administrator



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State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Stamford Eye Surgery Center, LLC	
Doing Business As	Stamford Eye Surgery Center	
Name of Parent Corporation	N/A	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail		
Applicant type (e.g., profit/non-profit)		
Contact person, including title or position	Elizabeth Siderides M.D. or Mr. Kristian Mineau, Administrator	
Contact person's street mailing address	22 Drumlin Road, West Simsbury, Connecticut 06092	
Contact person's phone #, fax # and e-mail address	Phone: (860) 667-1815 Fax: (860) 667-1815 krismineau@constitutioney e.com	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Establishment of Single Specialty Ophthalmic Surgery Center

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☒ New (F, S, Fnc)

☐ Replacement

☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc)

☐ Relocation

☐ Service Termination

☐ Bed Addition

☐ Bed Reduction

☐ Change in Ownership/Control

☐ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New

☐ Replacement

☐ Major Medical

☐ Imaging

☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

Stamford

d. List all the municipalities this project is intended to serve:

The municipality of Stamford and surrounding Southern Fairfield County communities currently served by the physician owners of the Center

e. Estimated starting date for the project: October 1, 2004

- f. Type of project: 11 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
N/A				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 1,424,000.00
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$ 1,000,000.00
Medical Equipment (Purchase)	\$ 300,000.00
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	\$ 100,000.00
Sales Tax	\$ 24,000.00
Delivery & Installation	
Total Capital Expenditure	\$ 1,424,000.00
Fair Market Value of Leased Equipment	
Total Capital Cost	\$ 1,424,000.00

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity
 ☐ Lease Financing
 ☐ Conventional Loan
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding
☐ Funded Depreciation
 ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner. N/A
- What types of services are being proposed and what DPH licensure categories will be sought, if applicable? N/A
- Who is the current population served and who is the target population to be served?
- Identify any unmet need and how this project will fulfill that need.
- Are there any similar existing service providers in the proposed geographic area?
- What is the effect of this project on the health care delivery system in the State of Connecticut?
- Who will be responsible for providing the service?
- Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: Stamford Eye Surgery Center, LLC

Project Title: Stamford Eye Surgery Center

I, Kristian Mineau, Administrator of the Stamford Eye Surgery Center, being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Stamford Eye Surgery Center complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature

Date

Subscribed and sworn to before me on 1/30/04

Eileen T. Grabowski
Notary Public/Commissioner of Superior Court

My commission expires: _____

Eileen T. Grabowski
NOTARY PUBLIC
State of Connecticut
My Commission Expires 4/30/08

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Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

Project Description

This proposal involves the development of a freestanding single-specialty Medicare-certified ambulatory surgery center (the "Center"), designed to operate exclusively in the field of ambulatory ophthalmic surgery as a component of the professional practices of its physician- owners. The physicians utilizing the Center all currently provide these surgical services as a component of their profession practices

The Center will be owned by Stamford Eye Surgery Center, LLC, a Connecticut limited liability company, which will be controlled by physicians providing services at the Center as a component of their professional practices. The Center will participate in the Medicare program as a certified ambulatory surgery center. The Center also will pursue accreditation by the Accreditation Association for Ambulatory Health Care and licensure as an outpatient surgical facility under the Connecticut Public Health Code. While the Center will enter into provider contracts with commercial third-party payors, it is intended that its largest payor will be Medicare.

The scope of services for which the Center will charge patients as an ambulatory surgery center will focus exclusively on particular ambulatory surgeries in the field of ophthalmology determined in accordance with established federal regulations and industry practice as appropriate for performance in an ambulatory surgery center and included as such in the HCFA ASC approved procedures list. The Center is fully conversant with the requirements for such services, and its administrative and clinical staff will have the requisite expertise to ensure its delivery of quality services.

Only duly licensed and qualified physicians will perform surgeries at the Center.

The Center will not be acquiring any imaging equipment or major medical equipment in excess of any applicable capital expenditure thresholds.

The Center's operations will work to the benefit of both consumers and the overall delivery system. Documentation in the field demonstrates that patients prefer receiving ophthalmic surgery on an ambulatory basis and that the quality of care can improve measurably over surgery performed in an institutional setting.

The cost savings realized by delivering surgical care on a freestanding basis also can be dramatic. Consequently, there would be an immediate and material benefit in lower reimbursement costs both to third party payors for the Center's services and to patients themselves. In particular, given the Center's anticipated lower charge structure, when compared to institutional surgical venues, the copayments charged to patients would be dramatically lower. This is particularly true for the Center's target patient service population of Medicare beneficiaries. These beneficiaries could save hundreds of dollars by having a procedure performed at the Center.

There is a real need and demand for this project, in that the physicians who will provide services at the Center have large volumes of surgical activity and currently experience significant delays in scheduling ophthalmic surgeries at local hospitals. These cases involve modest reimbursement and are not clinical priorities for institutional providers. At the same